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Form 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Deportment of the Treasury

Open to Public

the ea	nal Revenu		<u> </u>			nspection
Α		2009 calendar year, or tax year beginning MAY 01, 2009, at				0,2010
	Check if apply able	Please C Name of organization, number and street, city, town, state and ZIP or	ode	D Employer id	lentification	number
	Addres , ch	use IRS label or		43-	605206	3
-	Name char	ge   print or   ST LOUIS AUDUBON SOCIETY		E Telephone r	number	
	Initial return	type   See				
11	Terminated	Specific 8135 CORNELL CT	- I	G Gross receipts	\$	
11	Amended r	1113000		H(a) Is this a		<u> </u>
1-1	Application	F Name and address of principal officer JOHN SOLODAR		for affilia	-	Yes X No
LJ	pending	8135 CORNELL C SAINT LOUIS MO 63130				
				If "No", alta		Yes No
		<u> </u>		(see instru	•	∐ Yes ∐ No
	<b>Nebsite</b>				mption number	<u> </u>
	orm of org	_ <del></del>	of forn	nation	M State of leg	jal domicile
	art I	Summary				
	1	riefly describe the organization's mission or most significant activities		<del></del>		
4.	E	DUCATION TO GENERAL PUBLIC AND AUDUBON SCHO	)LA	RSHIP AW	ARDS	
ž						
rna	_					
)Ve	2 C	heck this box 🕨 📋 if the organization discontinued its operations or disposed of mor	e thai	n 25% of its net	assets	
ŏ	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	7
حة در	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	7
Ę	5 T	otal number of employees (Part V, line 2a)			5	1
Activities & Governance	6 T	otal number of volunteers (estimate if necessary)			6	
∢	7a T	otal gross unrelated business revenue from Part VIII, column (C), line 12			7a	
	1	et unrelated business taxable income from Form 990-T, line 34			7b	
	T	<u> </u>	T	Prior Year	Cı	irrent Year
-	8 C	ontributions and grants (Part VIII, line 1h)		905		14135.
Revenue	;	rogram service revenue (Part VIII, line 2g)		1095	<del></del>	17486.
ķ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	1802		39188.
æ	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	118		5038.
		otal revenue - add lines 8 through 11 (must equal Part VIH; column (2) time (2)		3921		75847.
	13 6	rants and similar amounts paid (Part IX, column (A), lines 1-3) RECEIVED	┼∦-	870		9024.
		enefits paid to or for members (Part IX, column (A), line 4)			<del>-</del>	
	15 9	alaries, other compensation, employee benefits (Part IX	籵	2867	5	44263.
Expenses	15 0	rofessional fundraising fees (Part IX, column (A), line 11e)	b	2007	<del></del>	44205.
n e	!	4 9	Y		ļ	
EX	i	oral fundraising expenses, (Fart IX, Column (D), line 25)	7	2214	1	20507
	ł			2214		20597.
		otal expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		5951		73884.
	19 R	evenue less expenses Subtract line 18 from line 12	₩.	-2029		1963.
o se	_		В	eginning of Yea		nd of Year
Net Asse's or Fund Balances		otal assets (Part X, line 16)		44219	3.	466178.
et As	21 T	otal liabilities (Part X, line 26)				
	_	et assets or fund balances. Subtract line 21 from line 20	<u> </u>	44219	3.	466178.
Pe	art II	Signature Block				
		Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statem	ents, a	nd to the best of my k	inowledge	
		and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of v	which p	reparer has any know	vledge	
				, (	2 * 12	04
Sig	ın	X upun Joldan			201 15,	2010
He	re	Signature of officer		_ Date	· '	
		▲ JOHN SOLODAR TREASURE	R			
_		Type or print name and title				
0-		Preparer's Date		eck if	Preparer's ide	ntifying number ins)
Paid		signature Mush 08/18/2010	se en	nployed ▶	P0006	
	parer's	Firms name Toryours TAX PREP INC		EIN ▶	20-21	
USe	Only	address and ZIP+4 3525 SHENA SAINT LOUIS MO 6310	4	Phone no ▶		64-6560
May	the IRS	discuss this return with the preparer shown above? (See instructions)				Yes No
		Act and Paperwork Reduction Act Notice, see the separate instructions.				orm <b>990</b> (2009)

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US990\$\$1

	m,990 (2009) ST LOUIS AUDUBON SOCIETY	43-6052063 Pa
Pa	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission	
	EDUCATE THE GENERAL PUBLIC	
2	Did the organization undertake any significant program services during the	vear which were not listed on
•	the prior Form 990 or 990-EZ?	Yes X N
	If "Yes," describe these new services on Schedule O	[]
3	Did the organization cease conducting, or make significant changes in how	it conducts any program services?
	If "Yes " describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's	three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trust	
	allocations to others, the total expenses, and revenue, if any, for each prog	ram service reported
а	(Code ) (Expenses \$ 9024 . including grants	of \$ 9024.)(Revenue \$
	AUDUBON SCHOLARSHIP AND SCIENCE FAIR	
	ASSIST THOSE WHO ARE WORKING IN EDUCA	
	THEY IN TURN REACH MANY STUDENTS AND	ALSO ENCOURAGE THOSE STUDENTS
 b	(Code ) (Expenses \$ 52331. including grants	of ¢ \/Parama ¢
J	(Code ) (Expenses \$ 32331. Including grants	of\$ )(Revenue\$
	EDUCATION PROGRAMS ARE PROVIDED FOR	THE GENERAL PUBLIC AND STUDENTS
	THROUGH VARIOUS EDUCATIONAL ACATIVIT	
	THE PUBLIC AND MEMBERS	
	(Code ) (Expenses \$ including grants	of \$ ) (Revenue \$
 C	(Code ) (Expenses \$ including grants	of \$ ) (Revenue \$
 <b>:</b>	(Code ) (Expenses \$ including grants	of \$ ) (Revenue \$
 <b>-</b>	(Code ) (Expenses \$ including grants	of \$ ) (Revenue \$
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 C	(Code ) (Expenses \$ including grants	of \$ ) (Revenue \$
c	(Code ) (Expenses \$ including grants	of \$ ) (Revenue \$
d d		of \$ ) (Revenue \$
	Other program services (Describe in Schedule O ) (Expenses \$ including grants	of \$ ) (Revenue \$  )(Revenue \$

Form, 990 (2009) ST LOUIS AUDUBON SOCIETY

### Part IV Checklist of Required Schedules

VII, VIII, IX, or X as applicable

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u>-</u>		
.,	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			37
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete			
	Schedule D. Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			x
40	complete Schedule D, Part IV	9	<del> </del>	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes " complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X

Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete 12 Schedule D. Parts XI, XII, and XIII.

	estication of the train train train						4.5
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year	.7	Yes	No			
	if "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				13	I	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fund	draisin	g,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I				14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	,					
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II				15	i	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assist	ance					
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III				16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part	IX,				i	
	column (A), line 11e? If "Yes," complete Schedule G, Part I				17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions	on					
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II				18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a	3?					
	If "Yes " complete Schedule G. Part III				19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H				20		Х

Form 990 (2009)

Par	t IV Checklist of Required Schedules (continued)	··		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes." complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100 000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		X
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction	1 1	١	
	with a disqualified person during the year? If "Yes." complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	{	ļ	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)	1 1		ı
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32				
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			X
	If "Yes," complete Schedule N, Part II	32		
33	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	If "Yes." complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	32		Х
	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		Х
34	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,  III, IV, and V, line 1			
34	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,  III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	33		x
34 35	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,  III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	33		Х
34 35	If "Yes." complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,  III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	33 34 35		x x x
33 34 35 36	If "Yes." complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	33		x
34 35	If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33 34 35 36		x x x
34 35 36	If "Yes." complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	33 34 35	X	x x x

1s Euer the mather reported in Sox 3 of Form 1086. Annual Summary and Transmittal of U.S. Information Returns. Entire -0 4 not applicable  1 U.S. Information Returns. Entire -0 4 not applicable  2 Us the organization comptly with backup withbidding rules for reportable payments to vendors and reportable garning (garning) garning (garding) garning (garding) garning (garding) garning (garding) garning (garding) garding) garding to prize winners?  2 Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax  2 Statements, filed for the caferdary vair anding with or within the year covered by this return.  5 If I a teast one is reported on line 2.a, did the organization file all required folderal employment tax returns?  6 If I Yes "has at filed a Form 990-T for this year?" If 'No." provide an explanation in Schedule O  4 All any time during the calendary year, of dithe organization have an interest in, or a significant or other authority over, a financial accountly in a foreign country (such as a bank account, securities account or other financial accountly?  5 If 'Yes," and the district of the security (such as a bank account, securities account or other financial accountly?  5 If 'Yes," and the security of the organization have an interest in, or a significant or other authority over, a financial accountly and the security (such as a bank account, securities account or other financial accountly?  5 If 'Yes,' and the transmit of the organization fire quirements for form 10 F 60-22 1, Report of foreign Bank and Financial Accounts  6 Was the organization sport to a prohibited tax shelter transaction?  5 Ober the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that was or is a party to a prohibited tax sheller transaction?  6 Ober the organization have aminal gross recepts that are normally greater than \$100,000, and did the organization floate and party of the prograzation received to the payor?  7 Organizations	12	Statements Regarding Other IRS Filings and Tax Compliance					
U.S. Information Returns Enter -0- if not applicable   16   0   b. Enter'the number of Forms W-2G included in line 1a. Enter -0-11 not applicable   16   0   c. Dut the organization comply with backup withholding rules for reportable gamming (gambling) winnings to prize winners?  2. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return?  Statements, filed for the calendar year ending with or within the year covered by this return?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  B. If a fleat on one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  B. Old the organization than unrelated business gross income of \$1,000 or more during the year covered by this return?  B. If Yes's This is filed a Form 990-T for this year? If Yes', provide an explanation in Schedule O.  A flary time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country yes has a bank account, securities account, or other financial account?  B. If Yes's and the file and a foreign country yes has a bank account, or other financial account?  B. If Yes's and a file organization have an interest in, or a significant or other authority over, a financial account in a foreign country yes has a bank account, or other financial account?  B. If Yes's and a file organization has the fire organization have an interest in, or a significant or other authority over, a file of the organization has a file organization file org			,	1		Yes	No
b Enter the number of Forms W-2G included in line 1a Enter-0-1th not applicable  C Did the originazion comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittel of Wage and Tax Statements, field for this calendar year ending with or within the year covered by this return  b If all least one is reported on line 2a, did the origanization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the origanization have unrelated bissness gross income of \$1,000 or more during the year covered by this return?  b If "Yes" has it filed a Form 900-T for this year? If "No" provide an explanation in Schedule O  4a At any time during the calendar year, did the origanization have an interest in, or a signature or other authority over, a financial account an a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes" has it filed a Form 900-T for this year? If "No" provide an explanation in Schedule O  4a At any time during the calendar year, did the origanization have an interest in, or a signature or other authority over, a financial account an a foreign country (such as a bank account, securities and account, or other financial account)?  b If "Yes" and the such provides the origanization origin to the fire origin Bank and Financial Accounts  8 Was the origanization party to a prohibited tax sheller transaction?  5 a Was the origanization party to a prohibited tax sheller transaction?  6 b D any taxable party norify the origanization that it was or is a party to a prohibited tax sheller transaction?  6 c If "Yes" or did the origanization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7 origanization sheller Transaction?  7 origanization shell many receive ded	1a	,					
c. Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Emer the number of employees reported on Form W-3. Transmital of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a. 1  3b. If at least one is reported on the 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3b. Off the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b. If "Yes" has it filed a Form 990.T for this year? If "No," provide an explanation in Schedule O  4a. At any time during the calendar year, did the organization have an interest in, or a significant or other authority over,  a financial account in a foreign country (such as a bank account, securities account, or other lineancial account)?  5b. If "Yes" has it filed a Form the name of the foreign country. ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5b. Did any taxable party northy the organization that it was or is a party to a prohibited tax sheller transaction?  6b. If "Yes". To question 5a or 5b, did the organization that these or is a party to a prohibited tax sheller transaction?  6c. If "Yes," to question 5a or 5b, did the organization that was or is a party to a prohibited tax sheller transaction?  6c. If "Yes," to question 5a or 5b, did the organization that was or is a party to a prohibited tax sheller transaction?  6c. If "Yes," to question 5a or 5b, did the organization that the sort of the value of the goods or services provided to the payor?  6c. If "Yes," Indicate the runber of Form 822 filed during the year  6c. Did th		• •	}				
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b If "Yes" did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7a  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b  1c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did to the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization of qualified intellectual property, did the organization file a Form 1098-C as required?  7 Did the organizations of qualified intellectual property, did the organization file a Form 1098-C as required?  7 Did the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations and section 40966?  9 Sponsoring organizations maintaining donor advised funds.  1 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4	ьа		d did the				3.5
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Form <b>990</b> (2009		12	<u>~ 1</u>		For	m <b>990</b>	(2009)

P	art ∜l	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b to 100 km and				<u>gc                                    </u>
Sect	ion A. Go	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Sterning Body and Management	ee instruct		'es	No
Sect	1011 7 00	Criming Dody and Management			es	INO
1a	Enter the	number of voting members of the governing body	7			
b		number of voting members that are independent 1b	7			
2		officer, director trustee, or key employee have a family relationship or a business relationship with				
		officer, director, trustee, or key employee?		2		Х
3	Did the c	rganization delegate control over management duties customarily performed by or under the direct	ŀ		Ī	
		on of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4	Did the d	rganization make any significant changes to its organizational documents since the prior Form 990 was filed	,	4		X
5		rganization become aware during the year of a material diversion of the organization's assets?	ľ	5		X
6		organization have members or stockholders?		6	X	
7a	Does the	organization have members, stockholders, or other persons who may elect one of more members				
		verning body?		7a	x	
b	Are any o	lecisions of the governing body subject to approval by members, stockholders, or other persons?	Γ	7b	X	
8	Did the o	rganization contemporaneously document the meetings held or written actions undertaken during	_			
	the year	by the following?	1			
а	The gove	rning body?	Ĺ	8a	x	
b	Each cor	nmittee with authority to act on behalf of the governing body?		8b	X	
9	Is there a	ny officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
	at the org	anization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sect	on B. Pol	cies (This Section B requests information about policies not required by the Internal Revenue Code )				
			_	<u> </u>	es	No
		organization have local chapters, branches, or affiliates?		10a		X
b		loes the organization have written policies and procedures governing the activities of such chapters.				
		and branches to ensure their operations are consistent with those of the organization?	<u>'</u>	10b		
11		py of the Form 990 provided to the organization's governing body before it was filed? All organizations			1	
		cribe in Schedule O the process, if any, the organization uses to review the Form 990	1	11	X	
		organization have a written conflict of interest policy? If "No", go to line 13		12a		<u>X</u>
b		rs, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to co		Ļ	12b		
С		organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
		n Schedule O how this is done		12c		
13		organization have a written whistleblower policy?		13		X
14		organization have a written document retention and destruction policy?		14	ļ	X
15		ocess for determining compensation of the following persons include a review and approval by				
		ent persons comparability data, and contemporaneous substantiation of the deliberation and decision	1	i	1	
a		nization's CEO, Executive Director, or top management official?	-	15a		<u>X</u>
ь		cers or key employees of the organization?	1	15b	l	X
4.0		the process in Schedule O (see instructions)				
16a		ganization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	ı	1	
		able entity during the year?	1	16a		Х
D		as the organization adopted a written policy or procedure requiring the organization to evaluate				
		pation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1	1	1	
		ization's exempt status with respect to such arrangements?		16b	!	
	on C. Disc					
		ates with which a copy of this Form 990 is required to be filed				
10		104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	′)			
		for public inspection. Indicate how you make these available. Check all that apply				
10	· <i>i</i>	website				
19		in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest				
20		d financial statements available to the public				
20		name, physical address, and telephone number of the person who possesses the books and records of the	4 060	EDO	4	
	organizat	on JOHN SOLODAR 8135 CORNEJSAINT LOUISMO 63130- 31	±-862-	529	4	
		389		007	100	
			ror	m <b>99</b> (	, (2	(900)

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- · List all of the organization'scurrent officers, directors, trustees (whether individuals or organizations) regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Positi	on (cł	neck	all t	hat ap	$\overline{}$		Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
MITCH LEACHMAN			-								
EX DIRECTOR	40				X		<u> </u>	44263.	0	0	
DAVID ROGLES PRESIDENT	6			X				0	О	0	
LISA NANSTEEL				-	-	<del> </del>					
VICE-PRES EDU	3			х				0	o	0	
CRAIG LANHAM				Ì							
VICE-PRES CONS	3			X_				0	0	0	
JIM WILSON											
VICE-PRES FIN	3			X				0	0	0	
JOHN SOLODAR											
TREASURER	3			X		İ		0	0	0	
SHARON NICKL										- "	
SECRETARY	1			<u>x</u> _				0	0	0	
										·	
							ļ				
	<del>    </del>					<b></b>					
							-				
	<del> </del>										
		-				<u> </u>					
										<del></del>	
		ļ									

Part VII Section A Officers, Directors,	Trustees,	Key E	mploy	ees,	and	High	est	Compensated Emple			
(A)	(B)			(C				(D)	(E)	(F)	
Name and title	Average		1	T	all t	hat ap	ply)		Reportable	Estimated	
	hours per	Individual trustee or director	Inst	Officer	Se Se	em	Į g	compensation	compensation	amount of	
	week	vidu	Institutional truste	cer	Key employee	hes	ormer	from	from related organizations	other	
		iờ i	ona		탕	e c		the organization	(W-2/1099-MISC)	compensation from the	1
		rust	2 -		yee	m pe		(W-2/1099-MISC)	(**-2/1099-101130)	organization	
		ee	ste		ĺ	Sans	ĺ	(***27*1055*10.100)		and related	
			ιυ 	ļ		Highest compensated employee				organizations	s
						<del> </del>	T				
	1				ŀ		ļ				
											_
				L			<u> </u>				
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						ļ <u></u>	<del> </del>				
							1				
							-	-			
	1						İ				
						<u></u>					
1b Total							<b>&gt;</b>	44263.	0	0	
2 Total number of individuals (including but n	ot limited t	o thos	e liste	d ab	ove	) who	rece	eived more than \$100	,000 in reportable co	mpensation	
from the organization ▶											
			_							Yes N	VO.
3 Did the organization list anyformer officer,					-	e, or l	high	est compensated		1 - 1 1 -	.,
employee on line 1a? If "Yes," complete So										3   2	X
4 For any individual listed on line 1a is the si											
the organization and related organizations individual	greater tha	II D I DI	3,000	П	res,	Com	piete	e Scriedule J for Sucr	1	1.1.	х
5 Did any person listed on line 1a receive or a	accrise con	nonc	ation f	rom	anv	unrols	atod	organization for		141 14	<u>ሉ</u>
services rendered to the organization? If "Y								-		5   2	X
Section B. Independent Contractors	cs, compi	CIC OC	iledui	<u> </u>	01 3	uch pe	301				-
Complete this table for your five highest contains the second secon	mpensated	Inden	ender	nt co	ntra	ctors t	hat	received more than 9	5100.000 of		
compensation from the organization											
(A)							F	(B)		(C)	
Name and busines	s address							Description of s	ervices	Compensation	
NONE											
				_							
2 Total number of independent contractors (ii	ncluding bu	ıt not l	ımıted	to th	nose	listed	abo	ove) who received m	ore than		
\$100,000 in compensation from the organiz	ation >										

Part	'VIII	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513 or 514
ςς, <sub>το</sub>	1a	Federated campaigns	1a		<u> </u>			
ant	ь	Membership dues	1b	9232.				
m g	С	Fundraising events	1c					
gifts ar a	d	Related organizations	1d					
Sc	е	Government grants (contributions)	1e					
ortion er si	f	All other contributions, gifts grants, and similar amounts						
tribi othe		not included above	1f	4903.				
Contributions gifts grants and other similar amounts	g	Noncash contributions included in lines 1a-1f	\$		1			
!	h	Total. Add lines 1a-1f		<u> </u>	14135.			
Program Service Revenue				Business Code				· ,
eve	2a	MASTER NATURL	IST PF	50	836.	836.	<del></del>	
e E	b _	FIELD TRIPS			175.	175.		
Z S	- <sup>-</sup>	CONSERVATION		(A)	13000.	13000.		<del></del>
Se	d _	LATIN AM PROGREARTH SHARE	RAM	-	200.	200.		
ram	е -			-	2342. 933.	933.	<del></del>	
rog	[	All other program service re Total. Add lines 2a-2f	evenue	<u> </u>	17486.	933.		
	<u>g</u> 3	Investment income (includii	ag dividand		17480.			<u></u>
	,	other similar amounts)	ng dividend	s, interest, and	39188.	39188.		
	4	Income from investment of tax-exem	nt hand arosee	de <b>•</b>	33100.			
	5	Royalties	pr bond procee	us -				
		·	Real	(II) Personal	<u> </u>			
	6a	Gross Rents		(1) 1 010 01101	-			
	ь	Less rental expenses			•			
	С	Rental income or (loss)			•			
	d	Net rental income or (loss)		<b>&gt;</b>				
	7a	Gross amount from sales of assets (i) Sec	curities	(II) Other				
		other than inventory			•			
	ь	Less cost or other basis and sales						
		expenses						
	C	Gain or (loss)			1 1	1		1
	ď	Net gain or (loss)	r					
	8a	Gross income from fundraising event	5					
une		(not including \$						
eve		of contributions reported on line 1c) See Part IV, line 18		9787.				
ez e	ь	Less direct expenses	a b	4749.				
Other Revenue	С	Net income or (loss) from fu			5038.	5038.		1
_	9a	Gross income from gaming		-	3033.1	30331		<del></del>
		activities See Part IV, line						
	ь	Less direct expenses	b	· · · · · · · · · · · · · · · · · · ·				
	С	Net income or (loss) from g	aming activ	⁄ities ▶				
	10a	Gross sales of inventory, le			·			
		returns and allowances	a					
	ь	Less cost of goods sold	b					
	С	Net income or (loss) from s	ales of inve	entory <b>&gt;</b>				
1	L	Miscellaneous Reven	ue	Business Code	1 1	1		1
	11a			_				
	b			_				
	С							
	d	All other revenue						
	е	Total Add lines 11a-11d		<b>•</b>	ļ			
	12	Total Revenue Add lines 1	n, 2g, 3, 4,		75015	61810		
		9c 10c and 11e			75847.	61712.		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must complete c	olumn (A) but are not	required to complete	columns (B), (C) and (D	
Dor	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	9024.	9024.		
3	Grants and other assistance to governments,				
	organizations and individuals outside the				
	U.S. See Part IV lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	40877.	34337.	6540.	
6	Compensation not included above, to disqualified				<u> </u>
. •	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	,			
8	Pension plan contributions (include section 401(k)		· · · · · · · · · · · · · · · · · · ·		
Ü	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3386.		3386.	
11	Fees for services (non-employees)			3300.	
a	Management				
b	Legal	300		200	
С.	Accounting	300.		300.	
d	Lobbying	<del></del>			···-
e	Professional fundraising services See Part IV line 17	<del></del>			
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				···
14	Information technology		<del></del>		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings	120.		120.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	SEE STMT	764.			
b		158.			
С		2850.			
d		2741.			
e		253.			
f	All other expenses	13411.			
25	Total functional expenses. Add lines 1 through 24f	73884.	61355.	12529.	
26	Joint Costs Check here ▶ if following				
	SOP 98-2 Complete this line only if the org				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet				
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	•	123285.	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dir	ectors, trustees, key	1		
		employees, and highest compensated employee	s Complete Part II of Sch L		5	
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) Complete	1	) [	
		Part II of Schedule L			6	
ats	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
٩	9	Prepaid expenses and deferred charges	1 1		9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a	1	i ı	
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	318908.	12	466178.	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	140100	15		
	16	Total assets Add lines 1 through 15 (must equal	l line 34)	442193.	16	466178.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
8	21	Escrow or custodial account liability Complete P			21	
Liabilities	22	Payables to current and former officers, directors				
Liat		employees, highest compensated employees, an	o disqualified		امما	
_	23	persons Complete Part II of Schedule L	and threed markers		22	
	24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated			23	
	25	Other liabilities Complete Part X of Schedule D	tilla parties		24	
	26	Total liabilities Add lines 17 through 25			26	
		Organizations that follow SFAS 117, check here	e ▶ X and		20	······································
		complete lines 27 through 29, and lines 33 and				
ces	27	Unrestricted net assets	<b>J-1</b> .	72752.	27	235101.
lan	28	Temporarily restricted net assets		268102.	28	75518.
89	29	Permanently restricted net assets		101339.	29	155559.
pun		Organizations that do not follow SFAS 117, che	eck here			
F.		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equ	upment fund		31	
Ĭ,	32	Retained earnings, endowment, accumulated inc	•		32	
ž	33	Total net assets or fund balances		442193.	33	466178.
	34	Total liabilities and net assets/fund balances		442193.	34	466178.

Form **990** (2009)

Form **990** (2009)

3a

3b

Х

3a

b

the Single Audit Act and OMB Circular A-133?

If "Yes "did the organization undergo the required audit or audits?

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organizations or a section 4947(a)(1) nonexempt charitable trusts

► Attach to Form 990 or Form 990-EZ

▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

_	S'	r LOUIS AUDU	JBON SOCIET	<u> </u>				43	3-605	52063			
	•ar	Reason for	r Public Charity	Status (All organiza	ations must co	omplete t	his part	) See ins	struction:	s			
Th	e or	ganization is not a priva	ite foundation becau	se it is (For lines 1 through	gh 11, check d	only one	box)						
1		A church convention	of churches, or asso	ciation of churches descr	ibed insection	170(b)(1	I)(A)(ı).						
2		A school described in	section 170(b)(1)(A)	(II). (Attach Schedule E)									
3		A hospital or a cooper	ative hospital service	e organization described	rsection 170(	b)(1)(A)(	ш)						
4		A medical research or	ganization operated	in conjunction with a hos	pital describe	d iisectio	n 170(b	)(1)(A)(ii	i) Enter	the hosp	ital's nai	me,	
	_	city and state											
5		An organization opera	ited for the benefit of	f a college or university ov	wned or opera	ted by a	governn	nental u	nıt descr	bed sec	tion		
		170(b)(1)(A)(iv). (Com	plete Part II)										
6		A federal, state, or loc	al government or go	vernmental unit described	dinsection 17	0(b)(1)(A	)(v).						
7		An organization that n	ormally receives a si	ubstantial part of its supp	ort from a gov	ernment	al unit oi	from th	e genera	al public			
		described in section 1											
8		A community trust des	cribed insection 170	0(b)(1)(A)(vi) (Complete	Part II )				1				
9	X	An organization that n	ormally receives (1)	more than 33 1/3 % of its	s support from	contribu	utions, m	embers	hıp fees,	and gros	ss		
				ot functions - subject to ce									
		support from gross inv	estment income and	d unrelated business taxa	ble income (le	ess sectio	on 511 ta	ax) from	busines	ses			
		acquired by the organ	zation after June 30	, 1975 Seesection 509(a	)(2) (Complet	te Part III	1)						
10				xclusively to test for publi									
11		An organization organ	zed and operated e	xclusively for the benefit of	of, to perform	the funct	tions of,	or to car	ry out the	е			
		purposes of one or mo	ore publicly supporte	d organizations described	d in section 50	)9(a)(1) d	or section	n 509(a)	(2) See	ection			
		509(a)(3). Check the b	ox that describes the	e type of supporting organ	nization and c	omplete	lines 11	e throug	h 11h				
		a Type I	<b>b</b> Type II	c Type	III - Functiona	lly integra	ated	d [	Туре	III - Othe	r		
е		By checking this box, I	certify that the orga	nization is not controlled	directly or indi	rectly by	one or r	nore dis	- qualified				
		persons other than for	indation managers a	and other than one or mor	e publicly sup	ported o	rganizat	ions des	cribed in	section			
		509(a)(1) or section 50	09(a)(2)										
f		If the organization reco	eived a written deteri	mination from the IRS tha	titis a Type I	, Type II	ог Туре	III suppo	orting				
		organization check the	is box										
g		Since August 17, 2006	6, has the organization	on accepted any gift or co	ntribution fror	n any of	the follo	wing per	sons?				
		(i) A person who dire	ctly or indirectly cont	trols, either alone or toget	her with perso	ons desc	ribed in	(II)				Yes	No
		and (iii) below, the	governing body of t	he supported organizatioi	٦?						11g(i)		
		(II) A family member of	of a person describe	d ın (ı) above?							11g(ii)		
		(III) A 35% controlled (	entity of a person de	scribed in (i) or (ii) above	7						11g(iii)		
h		Provide the following in	nformation about the	supported organization(s	s)				,				
	(i)	Name of supported	(ii) EIN	(iii) Type of organiza	tion (iv) is t	he organ-	(v) c	Oid you	(vi)	ls the	(vii)	Amoun	t of
		organization		(described on lines 1	-9 ization	ın col	notify	the	organi	zation in	sı	upport	
				above or IRC section	n (i) liste	d in your	organiz	ation in	col	(i)			
				(see instructions	)) gove	erning	col (i)	of your	orga	ınızed			
					docui	ment?	supp	ort?	ın the	US?			
					Yes	No	Yes	No	Yes	No			
								}					
								ļ					
					Ì								
									<u> </u>				
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		······································		<del> </del>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

### Support Schedule for Organizations Described in Section 509(a)(2)

	ction A. Public Support	box on line 9 of F	rart i )				<del></del>
		(=) 2005	4. 2000	(-) 2007	(-1) 2008	(*) 2000	70 T
	Ilendar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	membership fees received (Do not						
	include any "unusual grants ")	7880.	10183.	120221.	9057.	14135.	161476.
2	Gross receipts from admissions, merchan-	7880.	10165.	120221.	3037.	14133.	101476.
2	· ·						
	dise sold or services performed, or facilities						
	furnished in any activity that is related to	14106.	11916.	33129.	12139.	22524.	02014
3	the organization's tax-exempt purpose Gross receipts from activities that	14100.	11910.	33129.	12139.	22324.	93814.
•	are not an unrelated trade or business	]					
	under section 513		• • • • • • • • • • • • • • • • • • • •				
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf			1			
_							
5	The value of services or facilities			<u> </u>			1
	furnished by a governmental unit to the			ļ			
_	organization without charge	21006	22000	153350.	21106	26650	255200
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	21986.	22099.	153350.	21196.	36659.	255290.
ra	- ,,						
L	received from disqualified persons				<del></del>		
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of			]			
	\$5,000 or 1% of the amount on line						
_	13 for the year Add lines 7a and 7b				···		
	•	L		<u> </u>			255200
8	Public support (Subtract line 7c from line 6) tion B. Total Support						255290.
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	/D Total
9	Amounts from line 6	21986.	22099.	153350.	21196.	36659.	(f) Total 255290.
	Gross income from interest, dividends,		22000.	133330.	21150.	30033.	233230.
	payments received on securities loans,			İ			
	rents, royalties and income from similar						
	sources	4888.	10621.	20983.	18021.	39188.	93701.
b	Unrelated business taxable income (less	1000.	10021.	20303.	10021.	33100.	
-	section 511 taxes) from businesses						
	acquired after June 30,1975						
c	Add lines 10a and 10b	4888.	10621.	20983.	18021.	39188.	93701.
	Net income from unrelated business	1000.	10021.	20303.	10021.	33100.	23701.
••	activities not included in line 10b, whether						
	or not the business is regularly carried on				ļ		
12	Other income Do not include gain or					• • • • • • • • • • • • • • • • • • • •	<del> </del>
-	loss from the sale of capital assets	İ	ì			1	
	(Explain in Part IV )						
13	Total support. (Add lines 9, 10c, 11, & 12)			L	·····		348991.
	First five years. If the Form 990 is for the orga	inization's first se	econd third four	rth or fifth tax vea	er as a section 5		310331.
	organization, check this box andstop here		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in, or martial year		01(0)(0)	▶ □
Sec	tion C. Computation of Public Suppo	ort Percentag	 e				
	Public support percentage for 2009 (line 8, col			n (f))		15	73.15 %
	Public support percentage from 2008 Schedul		-	. ,,		16	79.53 %
	tion D. Computation of Investment Ir						
	Investment income percentage for 2009 (line 10			column (f))		17	26.85 %
	Investment income percentage from 2008 Sche					18	20.47 %
	33 1/3 % support tests - 2009 If the organizati			14, and line 15 is			
	not more than 33 1/3 %, check this box andsto						▶ 🏻
	33 1/3 % support tests - 2008. If the organizati	•	•				
	is not more than 33 1/3 %, check this box ands						▶ □
	Private foundation If the organization did not		-				▶

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST LOUIS AUDUBON SOCIETY

Employer identification number 43-6052063

Par	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered Yes" to F	orm 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	in writing that the assets held in donor	advised funds
	are the organization's property, subject to the organization	n's exclusive legal control?	∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds m	ay be used only
	for charitable purposes and not for the benefit of the dono	r or donor advisor or other impermissib	le private benefit? Yes No
Par		the organization answered Yes" to For	rm 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organi		
	Preservation of land for public use (e.g., recreation or		rvation of an historically important land area
	Protection of natural habitat	Prese	rvation of certified historic structure
ĺ	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified o	onservation contribution in the form of a	a conservation easement on the last day of th
1	lax year		
			Held at the End of the Year
	Total number of conservation easements		2a
b `	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic	• •	2c
	Number of conservation easements included in (c) acquire		2d
	Number of conservation easements modified, transferred,	released, extinguished, or terminated l	by the organization during
	the taxable year ▶		
	Number of states where property subject to conservation		
	Does the organization have a written policy regarding the	periodic monitoring, inspection, reportir	
	and enforcement of the conservation easements it holds?		∐ Yes ∐ No
	Staff and volunteer hours devoted to monitoring, inspecting		
	Amount of expenses incurred in monitoring, inspecting, ar		
	Does each conservation easement reported on line 2(d) a	bove satisfy the requirements of section	
	and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
	n Part XIV describe how the organization reports consen	·	
	nclude if applicable the text of the footnote to the organization	zation's financial statements that descri	bes the organization's accounting for
Part	conservation easements  Conservation easements  Conservation of the conservation of th	of Art. Historical Transuras a	r Other Similar Accets
I GIV	Complete if the organization answered Yes" to F	·	Other Sillinal Assets.
1 2 1	f the organization elected, as permitted under SFAS 116,		nd halance cheet works of art, butteried
	reasures, or other similar assets held for public exhibition		
	ext of the footnote to its financial statements that describe		or public service, provide, in Fart XIV, the
,	ext of the loothote to its illiancial statements that describe	s trese terris	
h l	f the organization elected, as permitted under SFAS 116,	to report in its revenue statement and h	galance sheet works of art, historical trea.
	sures, or other similar assets held for public exhibition, edi		
	elating to these items	dealion, or research in furtherance of pr	ublic service, provide the following amounts
	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	ii) Assets included in Form 990, Part X		► \$ ► \$
•	. •	transures or other similar assets for fin	
	f the organization received or held works of art, historical equired to be reported under SFAS 116 relating to these i		ancial gain, provide the following amounts
	equired to be reported under SFAS 116 relating to these i Revenues included in Form 990, Part VIII, line 1	tems	▶ €
			► \$ ► \$
D F	Assets included in Form 990, Part X		• •

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2009

43-6052063

Pa	Reconciliation of Change in Net Assets from For	m 990 to Financial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	m 550 to 1 manoiar otal	1	75,847.
2	Total expenses (Form 990, Part IX, column (A) line 25)		2	73,884.
3	Excess or (deficil) for the year Subtract line 2 from line 1		3	1,963.
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 an	d 9	10	1,963.
_	t XII Reconciliation of Revenue per Audited Financial			
1	Total revenue, gains, and other support per audited financial statements		1	···
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<u> </u>	
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line		1 • [	<del></del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	40	4c	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line	12 )	5	
	rt XIII Reconciliation of Expenses per Audited Financia			urn
1	Total expenses and losses per audited financial statements	Otatements With Exp	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		<del>  '  </del>	
a	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
b	Losses reported on Form 990, Part IX, line 25	P		
C C	· · · · · · · · · · · · · · · · · · ·	2c		
d	Other (Describe in Part XIV) Add lines 2a through 2d	2d		
е .	Subtract line 2e from line 1		2e	
3				<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line	11		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	40.)	4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line	9 18 )	5	· · · · · · · · · · · · · · · · · · ·
	t XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9			
Part	X Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also	complete this part to provide	e any additional in	formation
			<del></del>	
				<u> </u>

# SCHEDULE (Form 990)

Name of the organization Decarment of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered Yes," of Form 990, Part IV, lines 21 or 22.

► Attach to Form 990

2009

OMB No 1545-0047

Open to Public Inspection

ž

Yes

(h) Purpose of grant Employer identification number or assistance 43-6052063  $\mathbb{X}$ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance and the selection criteria (d) Amount of cash (e) Amount of non-cash (f) Method of valuation (book. FMV, appraisal, other) assistance than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant General Information on Grants and Assistance ıf applıcable (c) IRC section (p) EIN ST LOUIS AUDUBON SOCIETY used to award the grants or assistance? organization or government 1 (a) Name and address of Part I

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Enter total number of section 501(c)(3) and government organizations

US 5901\$\*

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Schedule | (Form 990) 2009

(f) Description of non-cash assistance Schedule I (Form 990) 2009 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, (e) Method of valuation (book, FMV appraisal, HS STUDENTS, SCIENCE FAIR WINNERS other) BOOK (d) Amount of assistance non-cash (c) Amount of cash BY APPLICATION AND DECISION BY THE BOARD OF DIRECTORS 9,024 grant line 22. Use Schedule I-1 (Form 990) if additional space is needed. SCHOLARSHIPS ARE AWARDED TO GRAD STUDENTS, (b) Number of 4 recipients (a) Type of grant or assistance SCHOLARSHIP Part III

Page 2

43-6052063

ST LOUIS AUDUBON SOCIETY

Schedule I (Form 990) 2009

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information

► Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization ST LOUIS AUDUBON SOCIETY .	Employer identification number 43-6052063
RECORDS AND TAX RETURNS ARE AVAILABLE UPON REQUEST	
•	

933.

Detail Sheet	2009
Name ST LOUIS AUDUBON SOCIETY	ID 43-6052063
•	
Description PROGRAM SERVICE REVENUE	
Туре	Amount
DONATIONS FOR ITEMS IN STORAGE	875.
MISC INCOME	58.

Total

Name ST LOUIS AUDUBON SOCIETY	ID 43-6052063
Description FUNDRAISING EVENTS	
Туре	Amount
NNUAL DINNER	3,495.
UND RAISING APPEAL	6,292.
Total	9,787.

4,749.

**US 990** Other Functional Expenses: Page 2, Line 43 2009 Management Program Description of the Asset Total Services and General Fundraising 764. STORAGE RENTAL 764 AWARDS 158. 158. CONTRIBUTIONS 2,850. 2,850. NEWSLETTER EXP 2,741. 2,741. EDUCATION COMM EXP 253. 253 ROOM RENTAL 148. 148. WELCOME LETTER EXP 561. 561. OUTREACH EXP 295. 295. TREASURER EXP 240. 240. GENERAL PRINTING EXP 15. 15. POSTAGE & PO BOX EXP 195. 195. FINANCIAL REVUE 1,400. 1,400. BANK EXP 54. 54. MISC 72. 72. BOARD EXPENSES 417. 417. BROCHURE EXP 787. 787. CONSERVATION EXP 9,227. 9,227. 20,177. 17,994. 2,183.

Name ST LOUIS AUDUBON SOCIETY	ID 43-6052063			
Description INVESTMENT INCOME				
Туре	Amount			
CREDIT UNION	27.			
INVESTMENT FUND	6,844.			
DOROTHY BOSCHERT FUND	2,837.			
CATHLEEN CRELEY FUND	5,721.			
INVESTMENT INCOME	23,759.			
Total	39,188.			